

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>LS</i>	<i>15</i>	<i>6/16</i>
FORMALITY REVIEW			

# INDEX OF CLAIMS

& ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			10/15/92
2			2/1/2000
3			4/7/00
4			4/1/01
5			4/1/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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